

SATURDAY, JULY 25, 1874.

## ORIGINAL COMMUNICATIONS.

### ON THE RELATION OF ELECTRICITY TO THE PAIN OF HERPES ZOSTER.

BY A. D. ROCKWELL, M.D.,

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**H**ERPES ZOSTER, if not the most persistent, is, without doubt, attended by the most excruciating pain of the various neuroses of the skin. Whether its seat be the head, the trunk, or the extremities, the associated pangs are sometimes almost beyond human endurance.

"Imagine," says one of its victims, "the marrow taken out of the bones of your arm, a rough towel threaded through them, and two devils at work with all their strength at each end of the towel sawing it backwards and forwards: that is what the pain is like." Herpes is now generally regarded as subordinate to the existence of a neuralgic or rheumatic diathesis, and as originating in any cause which weakens the vigor of a nerve-trunk or its cutaneous branches: hence it would not be unreasonable to suppose that electricity in some one of its forms might prove of service.

The teachings of experience so clearly attest its value in this complaint that I cannot hesitate to put on record the following cases, in all of which, without exception, the treatment adopted was entirely successful. The disease, it is true, runs an acute course, and, as a rule, recovery more or less complete follows in the course of a few weeks, but it is none the less incumbent to relieve, so far as possible, the acute sufferings that attend it. Local applications are of little avail, and the latest considerations in regard to allaying the neuralgia of zoster do no more than recommend the administration of opiates and the bromides.

The first two cases which I briefly record occurred in that part of the body—viz., the trunk—which is said to be the most frequent seat of the disease. The succeeding three are of somewhat greater interest, because of the comparative infrequency with which such cases are met.

#### ZOSTER THORACICALIS—TREATMENT BY THE FARADIC CURRENT.

*Case I.*—Jane A., a dispensary-patient, aged 7 years 6 months, had suffered for several weeks from febrile symptoms and anorexia, and finally erythematous patches appeared on the chest and right side. The eruption increased and rapidly extended, until the thorax was nearly encircled. The pain from which the child suffered was very severe, and for forty-eight hours it had been continuous. I employed general faradization (mildly), and was rewarded by an immediate relief of the neuralgic pains.

Four similar applications were subsequently given,—one on each alternate day; but there was no return of pain, and within ten days the eruption, which resembled aborted vesicles, had quite disappeared.

#### ZOSTER SACRALIS—TREATMENT BY THE FARADIC CURRENT.

*Case II.*—I was called, December 3, 1873, to see a gentleman aged 34, who was suffering from an herpetic

eruption over the region of the sacrum. The vesicles extended from the hip to the sciatic notch on the right side, and covered a narrow tract along the outer portion of the thigh, with clusters here and there to the external malleolus. The accompanying neuralgic pain was quite as severe as in the preceding case, and simulated actual sciatica. I placed the foot of the patient on a copper plate, to which the negative pole was attached, and with a mild faradic current brought the whole hip and limb under the electrical influence. The effect was most grateful, and the relief afforded immediate.

The same method was repeated a number of times, and although the patient occasionally experienced twinges of pain, they were of little severity, and within a week ceased to annoy him.

#### ZOSTER FRONTALIS—TREATMENT BY THE GALVANIC CURRENT.

*Case III.*—A lady aged about 60, and sent to me by Dr. C. R. Agnew, had suffered long and severely from zoster of the forehead and face. Acute and persistent neuralgia supervened, resisting all attempts at permanent alleviation. The galvanic current was locally and centrally applied, and resulted, in a few sittings, in relieving in a good measure the neuralgic pains. Ptosis of the right eyelid remained, however, in spite of the treatment by galvanization. Three local applications of the faradic current approximately restored the lost muscular power.

#### ZOSTER FRONTALIS—TREATMENT BY BOTH FARADIC AND GALVANIC CURRENTS—ALLEVATION OF PAIN ONLY BY THE GALVANIC CURRENT.

*Case IV.*—Mrs. L., aged 39, consulted me on June 10, 1874, and gave the following history of her case. Two weeks prior, her attention was called to a small vesicular eruption on the left forehead, directly over the course of the supra-orbital nerve. Similar eruptions quickly followed, thickly studding the side of the head and face, and accompanied with much pain. A homoeopathic physician had had the case in charge, and had succeeded in temporarily relieving the neuralgia only by the administration of morphine. When the patient fell under my observation she was suffering more than at any previous time, and, rather because of convenience than choice, I gently applied the faradic current to the affected and surrounding parts. It caused neither during the application nor subsequently any special modification of the distress. On the following day I resorted, as I should have done at first, to the constant current, making the applications locally and by the central method, and in less than ten minutes the intense agony of the patient was almost completely relieved. She passed a very quiet night, but in the morning complained of some distress over and in the right eye and temple. She was immediately relieved by a second application, after which she was subjected to treatment several times, although she suffered but little if any, and rapidly progressed towards recovery.

#### ZOSTER FRONTALIS—TREATMENT BY THE GALVANIC CURRENT.

*Case V.*—A third case of zoster frontalis, in the person of a female aged about 35, fell under my observation on the 2d of June last, through Dr. Beard, who transferred it to my care.

The lady, who was a patient of Dr. Oliver White, first observed a slight eruption over the right eye. This rapidly spread until the whole side of the head and face to the angle of the mouth was involved. The associated neuralgia was of the most excruciating and intolerable character. Dr. L. Bulkley was called in consultation, and advised the constant current, a few applications of which rapidly and effectually relieved the patient of all pain, and greatly hastened recovery.

It will be observed that of the above cases the first two, in which the eruption was confined to the body, were relieved by the faradic current; and that the three following (herpes frontalis) yielded to the galvanic current.

The differential indications for the use of the two forms of electricity, although now tolerably well understood, are far from being reduced to fixed laws. In the matter of the relation of electricity to pain especially there is a wide diversity of opinion, and while there can be no doubt in regard to the general superiority of galvanization to faradization in the relief of pain, there is a manifest tendency to underrate the value of the latter in this respect. Its boundaries of usefulness are not nearly so narrow as might be supposed from much of the writing that has lately appeared on the subject; and it is surprising that any one who has had much experience in electro-therapeutics, and whose observations have been directed with any degree of care, should relegate the use of the faradic current in cases of pain to purely hysterical and pseudo-neuralgic conditions, and account for the *rationale* of its effects solely on the principle of counter-irritation. It does not, however, come within the scope of this short paper to discuss the relation of electricity to pain in general. I would merely point out what seem to me legitimate conclusions from the above experience in the treatment of herpes:

1. That the pain of herpes, no matter where the seat of the eruption may be, is generally susceptible of speedy and effectual relief by the use of the galvanic or faradic current.

2. That when the eruptions take place on the head the galvanic current alone has power to relieve the pain.

3. When the disease is confined to the trunk or the extremities, the faradic current will relieve pain and hasten recovery, and is preferable to the galvanic.

### CHOLERA INFANTUM.

BY HARVEY L. BYRD, M.D.,

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THIS terrible scourge of infancy and childhood is carrying large numbers of the young and tender ones of this community to their long homes, and such is the extent of its ravages that it might be said with propriety of language to prevail at this time as an epidemic in our midst.

Baltimore, hygienically considered, is probably the equal in all, or at least very many, respects to her most favored sister-cities; but, while this is the case, the hand of the destroyer occasionally falls heavily upon her, and she is then called upon to mourn the loss of those she cannot rescue from the embrace of death. Since the advent of summer the mortality has been considerable among infants and children one to three and four years old, but it is chiefly

within the last three weeks that our mortuary tables exhibit a fearfully large proportion of death from cholera infantum. Within this period there has been not only a steady but an alarming increase in the death-statistics from this generally intractable and fatal malady. After resorting to the remedies most in vogue in the treatment of *summer-complaint*, such as calomel in minute and moderately large doses, alone and in combination with Dover's powder, chalk, charcoal, etc., bismuth, magnesia, pepsin, tannic and gallic acids, acetate of lead, alum, nitrate of silver, creasote, pyroligneous acid, laudanum, etc., etc., alone and in various combinations and mixtures, with indifferent or unsatisfactory results, even when strict attention was given to diet, fresh air, bathing, stimulants when called for, etc., it was finally decided to adopt a plan of treatment with special reference to an alterative action on the blood; at the same time giving strict attention to the skin with a view to the elimination of the poison, as far as might be, by this organ.

Accordingly, with this leading object in view, namely, an appeal to the blood primarily, sulphite of sodium and aromatic sulphuric acid were prescribed internally, and tepid or cold alkaline baths, according to indications, ordered externally, to which whisky or brandy was added when required.

One grain of the sulphite, with four drops of paregoric, was given in gum-water every two hours, to a child one year old, and the dose doubled for a child two years old, increasing or lessening it according to age and the anodyne effects of the paregoric, thus:

R Sulphite of sodium, grs. xvi;  
Pulv. g. acac., grs. xii;  
Tinct. op. camph., fʒi;  
Water, ʒij.—M.

Sig.—One teaspoonful every two hours, to a child one year old, shaking the phial before using. One drop of elixir vitriol in three teaspoonfuls of iced water was given, three times a day, to a child one year old, and the dose increased one drop for each year and lessened to one-fourth or one-half drop when below one year of age. A tepid or cold bath, rendered alkaline with an ounce or more of carbonate of sodium, potassium, or common salt, was used morning and night. In addition to the foregoing remedies, aromatic cataplasms were ordered, and kept applied over the entire stomach and abdomen. Cow's milk and farinaceous articles of food not to be allowed, and scraped or finely-chopped beef, or lamb, raw or but partially cooked, or essence of beef (to which a small portion of brandy is to be added when required by the feebleness or prostration of the patient), used as much as practicable as nourishment. Wine- whey allowed freely in the second stage of the disease, when it agrees with the patient. Infants were allowed the mother's milk, or that of a healthy wet-nurse, and fifteen to twenty drops of lime-water three or four times a day when the milk disagreed. This plan of treatment has been pursued for the past two weeks, with complete success. In a small proportion of cases, quinine, in appro-

priate doses, was also administered when a tendency to periodicity was observed.

Several of our confrères have been advised of this plan of treating cholera infantum as it exists in this city, and are satisfied with the results. It is proper to state that all the cases of the disease that have been treated thus far by the writer have been among the well-to-do and better classes of the community. Long experience in the treatment of epidemics of various kinds, particularly those of yellow fever, cholera, cholera infantum, etc., has satisfied your contributor that no single plan of treatment, however successful at one time, can be relied upon in all epidemics of the same kind, nor during the same epidemic in all cases; but he feels, nevertheless, that the demands of humanity and duty to a common profession conspire to prompt this communication to the readers of the *Medical Times*, so that such use of the remedies may be made in their cases as they may think proper or expedient in the future.

The course of treatment above detailed having thus far met the reasonable expectations of all the parties interested, it is devoutly to be hoped that no such modification or important change in the character of the prevailing epidemic may take place during its continuance as may render it less efficacious or successful in the future than it has proven up to the present. On a subsequent occasion the writer may venture to give publicity to views and opinions he now entertains on the causes and pathology of this indigenous and fearfully destructive enemy of the Caucasian race, as found in the larger cities of this continent.

BALTIMORE, July 9, 1874.

## TWO EXPERIMENTS UPON THE INFLUENCE OF LARGE DOSES OF QUININE UPON PREGNANT ANIMALS.

BY H. C. WOOD, JR., M.D.

THE subject of the uterine action of quinine is of the greatest practical importance, and is certainly in a very unsettled state. There have been very few experiments with it upon pregnant animals published, and the opportunity for such trial of it does not offer very frequently. For these reasons I have thought the following experiments are worthy of being recorded, and offer them without further comment.

*Experiment I.*—A female cat in a very advanced stage of pregnancy, but evidently not quite at full term. At 12.30 P.M. twenty grains of quinine were injected into the cellular tissue of various parts of the body. At 1 P.M. the cat offered no symptoms worthy of remark. At 2 P.M. she was seen by my assistant, and was alive. At 4.30 P.M. I found her dead and rigid. She had not aborted, and there were no indications of any disturbance of the genitalia.

*Experiment II.*—A cat, apparently at the end of her pregnancy. At 2 P.M. ten grains of quinine were given hypodermically. The next morning the cat was seemingly in exactly the same condition as before the injection, and was used for another experiment.

## NOTES OF HOSPITAL PRACTICE.

### PENNSYLVANIA HOSPITAL.

SERVICE OF J. AITKIN MEIGS, M.D.

Reported by FRANK WOODBURY, M.D.

TYPHILITIS AND FECAL ABSCESS.

THE following are the notes of a case admitted to the Pennsylvania Hospital during the service of Dr. J. Aitkin Meigs, by whose kind permission the case is reported.

In addition to the interest ordinarily attached to cases of perforation of the vermiform appendix, this case possesses some special features worthy of remark, in that there was an almost entire absence of symptoms up to the onset of collapse, and no clue could be obtained by whose aid a diagnosis could be established or rational treatment instituted.

The case was No. 629, laborer, æt. 23, single, born in Saxony, and was admitted to the men's medical ward July 7, 1873. The following history was obtained from those who brought him. He had apparently been in ordinary health until two days before admission. He then complained of pains in his back and abdomen, loss of appetite, and weakness, but continued at his work until noon of the day of admission, when he fell to the floor, without premonition, in a state of syncope. On regaining consciousness, presently, he commenced to vomit. This vomiting persisted, his stomach even rejecting ice-water, which he constantly requested to quench his burning thirst. His comrades now decided that he was sick, and brought him in a wagon to the hospital.

When admitted, his knees refused to support him as he was assisted to bed, and he was mildly delirious. He babbled of green fields and of cool streams, and wanted to bathe in the clear water. But he was easily aroused, for, being asked a question in German, he indignantly requested that he might be addressed in English, curtly coupling it with the information that he had been long enough in the country to understand the language.

His decubitus was dorsal, without flexion of the limbs. The face was cadaverous, eyes sunken, nose thin and pinched, complexion sallow, lips bleached, all suggesting collapse. The pulse was slow, somewhat irregular, moderately full and compressible. Breathing irregular and sighing. The surface of the body was cool and clammy. The vomiting after admission was simply by regurgitation, the fluid flowing from his mouth without effort or retching. He did not complain of pain anywhere, but suffered principally from thirst. His bowels were constipated.

As he was apparently sinking, some hot whisky and a stimulating enema were directed to be given, and heat applied to the extremities; but he died in less than half an hour from admission.

At the autopsy, the lungs were found to be normal. The heart contained a fibrinous, "chicken-fat" clot. The left ventricle was contracted; the semilunar valves were normal, but both the mitral and tricuspid leaflets were thickened, and bound down by old inflammatory adhesions. Liver small, dense, and in its external appearance was bluish like the spleen. Internally they both were dense, and contained but little blood. Gall-bladder distended with yellow bile. The kidneys were small, capsules adherent, no morbid condition noticed. In the peritoneal cavity was a quantity of offensive yellow pus and a serous fluid. The peritoneum was discolored, the omentum thickened, and the small intestines bound together by bands of recent lymph. The appendix vermiformis presented an extremity made



patulous by ulceration, and was the centre of a large abscess, which had been limited by adhesions, but had recently burst into the general peritoneal cavity. In this abscess two small bodies were found, and a third was still in the embrace of the appendix. These strongly resembled, and at first were pronounced to be, cherry-stones, but on section they looked more like allspice or juniper-berries.

They were sent to Dr. J. G. Richardson, who, after microscopic examination, pronounced them to be small masses of fecal matter.

## TRANSLATIONS.

**INTRAVENOUS INJECTION OF CHLORAL IN SURGICAL OPERATIONS.**—M. Bouillaud read before the Académie des Sciences (*Gaz. Méd. de Paris*, May 16, 1874) an account of the following operation recently performed by M. Oré, in which chloral injected into the veins was the anæsthetic used. The patient, who was about to suffer resection of the calcaneum, had a solution of chloral (of the strength of one part to three of water) injected slowly into the radial vein of the right arm.

By the time three drachms had been introduced, the patient declared that he felt very sleepy. The injection was pushed until five and a half drachms of solution (about 115 grains chloral) had been introduced, when the patient suddenly fell into a profound slumber, accompanied by almost cadaveric rigidity.

The time required to produce this effect was about ten minutes. The operation, involving the usual incisions, required about twenty-five minutes for its performance.

During the whole of this time the patient slept calmly, made no cry nor complaint, while the perfect immobility of the limb denoted complete annihilation of sensibility. Respiration continued calm and regular, and showed none of those spasms of asphyxia which were observed when similar injections had been used in tetanic cases.

When the operation was finished, the interrupted current from a strong battery was used to restore the patient to consciousness, one pole being placed on the side of the neck and the other over the epigastrium. Under the electric influence the respiration became freer, and in a few moments the patient sat up and conversed, though wildly, as if intoxicated. This condition lasted an hour, followed by floods of tears. Shortly after, he sank into a natural sleep, and waked later in the day in his usual condition.

M. Oré's conclusions are as follows: 1, a solution of one of chloral to three of water is sufficiently strong for the purpose of intravenous injection; 2, the injection should be made after direct puncture, without laying bare the vein, in order to avoid all risk of coagulation or phlebitis; 3, the injection should be made slowly, so as to test the idiosyncrasy of the patient; when sleep is produced it is unnecessary to continue the injection, for the anæsthesia will persist in a manner never brought about by chloroform; 4, the operation terminated, it is possible, by means of electric currents, to cause the condition of immobility to cease on the instant. The surgeon should have at hand from the beginning an electrical apparatus in good working order. If the anæsthesia produced by intravenous injections of chloral be applicable to surgical operations, it will be found exceptionally advantageous in operations of long duration, such as resections and ovariectomy.

A. V. H.

**HERPES ZOSTER FOLLOWED BY INTERCOSTAL NEURALGIA AND LOCAL SWEATS.**—At a recent meeting of the Société de Biologie (reported in the *Gaz. Méd. de Paris*, May 16, p. 258) M. Ollivier communicated the notes of a very interesting case recently under his care. The patient, an old man, had suffered from an attack of herpes zoster on the right thorax, running on to ulceration about a year previous to his admission to the hospital. Two months subsequent to this attack he began to experience lancinating pains in the chest on the affected side, coming on at intervals at first, then becoming almost continuous and more severe. The neuralgia affected the sixth, seventh, eighth, and ninth intercostal spaces. Treatment consisting of morphia, dry cups, blisters, etc., was unavailing.

When admitted to the hospital, a year after the onset of the disease, he seemed in tolerably good health to all appearances. A few scars on the right side of the chest showed the former locality of the eruption. Persistent lancinating pain still existed in the locality referred to; pressure at any point in the intercostal spaces caused severe pain. Abundant sweats were observed over the whole affected region, becoming more marked during the neuralgic attacks.

Some months later, the patient began to experience still more severe pain, localized at the point of emergence of the intercostal nerves of the sixth space; the skin became immovable over the affected side, and the patient's general surface assumed a sallow hue. He lost flesh from this time rapidly, and died rather suddenly after having been under observation about a year.

No physical signs had been observed in the chest excepting great faintness of the respiratory murmur and a want of mobility on the affected side. The post-mortem examination showed extensive carcinoma of the pleura and lung on the right side, with similar degeneration of the intercostal nerves.

**GASTROTOMY IN LESIONS OF THE STOMACH AND INTESTINES.**—The *Gaz. Méd. de Paris*, Nos. 17 and 20, 1874, gives extracts from an article on this subject by Dr. Boinet in the new *Dictionnaire Encyclopédique*. Dr. B. gives a number of cases illustrating the various lesions and methods of operation, particularly in cases when foreign bodies have been swallowed. He maintains that operations performed on the stomach are not necessarily fatal nor resultant in fistula; sutures may be used with success. Death has frequently occurred from the escape of alimentary or other matters into the abdominal cavity, an accident which may be avoided by using the same care as in an ordinary case of ovariectomy.

Dr. B. concludes that in cases when such foreign bodies as forks, etc., have been swallowed, operative interference is strongly to be advised. He also gives some practical directions in regard to incisions, sutures, etc.

A. V. H.

**TROPHONEUROSIS.**—M. Lancereaux (*Gaz. Méd. de Paris*) read before the Société Méd. des Hôpitaux at a recent meeting the notes of a case of exfoliative dermatitis of the extremities following an affection of the nervous centres, with painful irradiations in the diseased parts. The patient, a woman 37 years of age, had suffered from right hemiplegia with aphasia, brought on by painful emotion. After lasting some months, the affection became somewhat ameliorated, and at the end of a year only a certain feebleness remained, with some alteration of vision. About this time she was attacked by constricting pains around the waist, and pains in the continuity of the limbs, knees, and feet, accompanied by nutritive disorders. At the time of her admission to the hospital she had also paralysis of the third pair. The pains in her limbs were sharp and lancin-

ating, and were more severe when she attempted to walk. Tactile sensibility and sensibility to pain were intact.

At the same time that these nervous phenomena were being developed, certain alterations in the skin of the extremities were manifested. The skin of the plantar and dorsal surface of the feet became red, infiltrated, and covered with white scales somewhat resembling those of psoriasis. The toe-nails became lengthened, and the epidermis upon the toes much thickened. In some places small fissures covered with yellow crusts might be perceived. The alteration was symmetrical, but more developed on the right than on the left leg, which later became the seat of more painful attacks, while the cutaneous alterations grew here more decided. There appeared on the right leg at the same time an erythematous patch, smooth, uniformly red, accompanied by tumefaction and heat, sore to pressure, and offering, in a word, the characters of an erysipelas or rather of an area of angioleucitis. In addition, the inguinal glands were tumefied and painful. This patch disappeared after a few weeks, leaving after it a sallow-gray tint of the skin, which was covered in this place with scales and remained thick and hard. Soon after, an eruption resembling syphilitic psoriasis appeared on the right wrist and palm of the right hand; afterwards an eruption of similar patches appeared on the left wrist. In spite of bromide of potassium, arseniate of iron, etc., the disease progressed, the appearances on the skin extending up the legs and arms, the lymphatic glands themselves participating in the morbid process. The patient subsequently died, but no post-mortem examination was obtained. The hybrid nature of the skin-disease and its *pari-passu* progress with the paralysis led M. Lancereaux to conclude their intimate connection.

A. V. H.

THE INFLUENCE OF ANÆMIA ON THE NUTRITION OF THE MUSCULAR TISSUE OF THE HEART (*Virchow's Archiv*: Dr. Leopold Perl).—When hemorrhage is sudden and profuse, death occurs from paralysis of the vital nerve-centres, due to a want of sufficient oxygen to enable them to continue their functional activity. In cases of chronic anæmia which are due to repeated losses of blood, part of the symptoms which occur, and sometimes the fatal issue, are to be attributed to this same cause. The explanation of another train of symptoms must be looked for in the altered relations in regard to their relative densities between the tissues and the blood. From this results œdema of various parts, and among those in which œdema produces the most serious results are the lungs and brain. A third group of symptoms, which has not been adequately studied until quite recently, comprises such as result from fatty degeneration of parts of the circulatory system.

Some years ago Virchow noticed that in the variety of anæmia to which the name chlorosis is given there was an incomplete development of the blood-vessel system, and, further, that there was frequently in these cases some fatty degeneration, which was more particularly noticeable in the muscle of the heart and in the internal coat of arteries.

Gusserow has quite recently published the results of his observations upon the hearts of several women who suffered from the anæmia of pregnancy in a marked degree, and he found, as a constant companion of other alterations, some fatty degeneration of the substance of the heart. In numerous cases of anæmia of high grade, occurring for the most part in young females, to which the name "progressive pernicious anæmia" was given, in addition to the many symptoms of an altered state of the blood which were noted during life, at the autopsies of such cases as died under observation a similar state of the cardiac tissues was found.

Ponfick, who has had excellent opportunities of examining cases in which this connection of anæmia and fatty heart co-exists, has established the fact that an analogous degeneration occurs in the hepatic and renal cells, and in the cells of the tubular glands of the stomach. Dr. Perl claims that this degenerative process has a general signification, and regards the alterations which are noticed in the heart as but one result of a general process which results in similar degenerations in other organs; and in support of this view he was able to show the existence of a high grade of anæmia in almost all cases in which the characteristic fatty degeneration was found.

In 92 per cent. of his cases he was able to assign as a cause for the appearances seen at the autopsy either some chronic and exhausting disease, as typhoid fever, some affection of the digestive tract, by which absorption and nutrition were interfered with, or, finally, repeated losses of blood. To establish this last point, the connection between repeated losses of blood and fatty degeneration in particular organs, but more especially in the heart, Perl performed numerous experiments upon dogs. In choosing dogs for the subjects of his experiments he was obliged to draw his conclusions from the conditions observed in the muscular tissue of the heart, for in animals of this species which are apparently in good health it is not uncommon to find fatty degeneration of the parenchyma of the liver and kidneys, while the muscle of the heart is rarely altered and the transverse striæ of the muscular fibre are distinctly marked. Before commencing the experiments, and after the bladder and rectum had been emptied of their contents, the dogs were carefully weighed. A superficial vein was then dissected out with as little disturbance as possible to the surrounding tissues, a ligature was applied, the vein cut, and a sufficient quantity of blood allowed to escape. The animals were divided into two classes, from one of which larger quantities of blood were drawn at longer intervals, while from the second smaller amounts were taken, but more frequently. From those of the first class, at intervals of five to seven days, blood to the amount of three to three and a half per cent. of the weight of the animal at the time of the experiment was taken, and from the others, every three to four days, one to one and a half per cent. of the weight. The condition of the heart was found at the examination made after the death of the animal to be very different in the dogs of the two classes mentioned above. In the majority of those which had been subjected to large losses of blood at prolonged intervals, the only palpable organic change which could be discovered was a well-marked disturbance of the nutrition of the heart, while in those of the other class in which the loss of blood had not been carried sufficiently far to be attended with fatal results, nothing of this kind was seen.

Perl thinks that the results of his experiments justify the conclusion that there exists a relation of cause and effect between anæmia and the changes of nutrition observed on the heart. The results of his experiments are strongly confirmed by the cases referred to above, in which fatty heart was found both in patients who had succumbed to chronic diseases, and in those who had been exhausted by repeated losses of blood.

W. A.

MEDICAL PROPERTIES OF THE AILANTHUS (*The Druggist's Circular and Chemical Gazette*, July, 1874).—Dr. Robert has found that in hot climates an infusion of the bark of the root of ailanthus is a valuable medicine in dysentery, giving results superior to those of ipecacuanha, calomel, and astringents, either with or without opium; it is also preferable to the treatment by milk.

## THERAPEUTIC NOTES.

**VAPOR OF HOT WATER IN THE TREATMENT OF CON- GENITAL ATELECTASIS.**—Dr. Kjellburg (*Trib. Méd.*, 1874, p. 428) places the little patient in a sort of vapor- bath, which he makes by disposing of the bed-covers by means of hoops, etc., in such a manner as to form a sort of cell, into which the vapor from a vessel of boiling water is conducted. The temperature of this enclosed space should not range below 77° F. nor above 86°. The atmosphere should be frequently renewed.

In this hot and humid medium the respiration becomes much more free, the bronchial secretions no longer accumulate in the air-passages, the temperature of the body falls, and the appetite improves.

The duration of the bath, as well as the degree of humidity, varies according to the gravity of the case, and may be graduated accordingly.

Sometimes the treatment has to be continued during eight to twelve days. Dr. K. has cured by this means not only pulmonary atelectasis, but also various laryn- geal and bronchitic troubles in infants at the breast.

## INHALATIONS IN ASTHMA.—

R Ætheris sulph., pts. 30;  
Acid. benzoic., " 15;  
Bals. Peruvian., " 8;

or, according to another formula,

R Ætheris sulph., pts. 2;  
Sp. terebinthinæ, " 15;  
Acid. benzoic., " 15;  
Bals. Peruvian., " 8.

Place the mixture in a vessel having a large opening; the warmth of the hand is sufficient to volatilize the ma- terials, and inhalations may be used four or more times a day as occasion demands.

## FOR PAINFUL HEMORRHOIDS.—

R Ext. hyoscyam.,  
Pulv. saffron, aa  $\mathfrak{z}$ ijss;  
Plumbi acetat.,  $\mathfrak{z}$ i;  
Glycerole of starch,  $\mathfrak{z}$ i.—M.

## FOR CHRONIC ECZEMA.—

R Sodii carb.,  
Oleum cadini,  
Picis, aa  $\mathfrak{z}$ ss ad  $\mathfrak{z}$ i;  
Axungia,  $\mathfrak{z}$ vijss.—M.

**TREATMENT OF GRANULAR PHARYNGITIS.**—An extract from the *Bull. de Thérap.*, in *L'Union Méd. du Canada*, March, 1874, gives Dr. Cousin's method of treating this affection. Dr. C. states that general remedies suited to the diathesis should be employed as well as local applications. He prefers gargles to inhalations, excepting where there are laryngeal complications.

Tar-water, or water impregnated with sulphurous acid, may be employed, though Dr. C. prefers a solution of some simple saline, common salt for instance, with perhaps the addition of glycerin. Solutions of alum, he thinks, destroy the enamel of the teeth. If the in- flammation has reached the naso-pharyngeal cavity, it will become necessary to use the nasal douche. The pharynx may be touched with small pledgets of cotton or lint, dipped in Mandl's solution of iodo-iodurated glycerin (one per cent.), or of pure glycerin.

In scrofulous ulceration of the throat, especially in phthisical patients, a solution of equal parts of chromic acid and water may be applied by the same method. The patient should gargle with some neutral fluid or water immediately afterwards, and the application should be made twice weekly.

**CROTON CHLORAL IN NEURALGIA.**—Croton chloral has been used by Dr. Jules Worms in various cases of neuralgia and other painful affections with considerable success. Dr. W. uses larger doses of the remedy than are usually administered. He thinks it unadvisable to be given hypodermically. The following formula re- sembles the one usually preferred by him:

R Croton chloral,  $\mathfrak{z}$ ii;  
Glycerin.,  
Aqua, aa  $\mathfrak{z}$ ij  $\mathfrak{z}$ vi;  
Syrupi,  $\mathfrak{z}$ iv;  
Ol. menth. pip., gtt. iii.—M.

Sig.—Tablespoonful every three or four hours.

**ULCERATION OF THE NOSE IN SCROFULOUS CHILDREN.**—M. Galezinsky is accustomed to treat ulcerations of the cutaneous surface generally in these cases by dust- ing them with calomel, with appropriate internal treat- ment. When similar ulcerations form in the nares, he recommends similar applications, or occasionally the following ointment:

R Hydrarg. ox. rub., gr. iv;  
Camphoræ pulv., gr. iss;  
Axungia,  $\mathfrak{z}$ i.—M.

## STYPTIC COLLODION.—

R Tannin,  $\mathfrak{z}$ ii;  
Alcohol,  $\mathfrak{z}$ iv;  
Ether,  $\mathfrak{z}$ xij;  
Gun-cotton,  $\mathfrak{z}$ i  $\mathfrak{z}$ ii;  
Canada balsam,  $\mathfrak{z}$ i.

Dissolve the tannin in part of the alcohol and ether, the Canada balsam in another part, and the gun-cotton in a third. The solutions are then mingled.

**MILK IN THE TREATMENT OF CHRONIC DYSENTERY.**—Dr. Barrett (*L'Union Méd. du Canada*, March, 1874), who has been studying for some time the action of milk in the treatment of chronic dysentery, adopts the follow- ing method of administration. The milk should be pure, without any admixture with water, and as fresh as pos- sible. The patient placed upon this fluid as a diet should take absolutely no other nourishment, no other medicine.

The first effect noticed is the great abundance and fluidity of the stools; this is of short duration,—a few days at most. When the fecal discharges begin to be more solid, the administration of subnitrate of bismuth, with occasionally the addition of chalk-mixture, hastens the process. Occasionally, while using bismuth, in per- sons who have been enfeebled by long-continued dis- charges, certain scorbutic purpura-spots are observed: this symptom is best combated by the use of citron- juice. Should a bilious flux manifest itself later, mild cathartics, such as manna or the sulphate of sodium, may be employed.

Occasionally the milk may not be digested, and may show itself in the stools in a grumous form, indicating want of power in the digestive fluids. In this case pepsin (gr. v t. d.) will supply the deficiency and render the milk perfectly assimilable. Vomiting of the milk, which occasionally occurs, may be prevented by the same means. Of course, when convalescence sets in, care must be redoubled to prevent a relapse.

At first, condensed milk, white of egg, milk-soup, may gradually be brought into use; then boiled fish, eggs, and easily-digestible meats may gradually lead the way to the ordinary diet, the milk being continued throughout.

Every care should be taken to guard against infrac- tions of diet. Occasionally, especially when the milk is poorly digested, lime-water may be added, in the proportion of one part to two or three of milk.



# PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

*The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.*

*We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.*

*All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.*

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SATURDAY, JULY 25, 1874.

## EDITORIAL.

### THE ARMY BILL.

AS no doubt most of our readers know, during the last days of the recent Congress a bill was finally passed regulating some of the staffs of the army, and including the medical department. As the matter may have a personal interest to some of our subscribers, and must have a general interest to all, we extract from the *Congressional Globe* that section of the bill which relates to the medical department, adding also, by way of contrast, that portion which affects the ordnance corps. We call attention to the circumstance that in the latter the number of generals, colonels, lieutenant-colonels, and majors is to that of the lower grades as 18 to 36, whilst in the medical corps the proportion is as 55 to 150.

"Section 4. That the Medical Department of the Army shall hereafter consist of one Surgeon-General, with the rank, pay, and emoluments of a brigadier-general; one assistant-surgeon-general, and one chief medical purveyor, each with the rank, pay, and emoluments of a colonel; and two assistant medical purveyors, with the rank, pay, and emoluments of lieutenant-colonels, who shall give the same bonds which are or may be required, of assistant-paymasters-general of like grade, and shall, when not acting as purveyors, be assignable to duty as surgeons by the President; fifty surgeons, with the rank, pay, and emoluments of majors; one hundred and fifty assistant-surgeons, with the rank, pay, and emoluments of lieutenants of cavalry for the first five years' service, and with the rank, pay,

and emoluments of captains of cavalry after five years' service; and four medical store-keepers, with the same compensation as is now provided by law; and all the original vacancies in the grade of assistant-surgeon shall be filled by selection by competitive examination; and the Secretary of War is hereby authorized to appoint from the enlisted men of the Army, or cause to be enlisted, as many hospital-stewards as the service may require, to be permanently attached to the Medical Department, under such regulations as the Secretary of War may prescribe. And the number of contract surgeons shall be limited to seventy-five on or before the 1st day of January in the year 1875; and thereafter no more than that number shall be employed.

"Section 5. That the Ordnance Department shall consist of one Chief of Ordnance, with the rank, pay, and emoluments of a brigadier-general; three colonels, four lieutenant-colonels, ten majors, twenty captains, sixteen first lieutenants; and all vacancies which may hereafter exist in the grade of first lieutenant in said Department shall be filled by transfer from the line of the Army: *Provided*, That no appointment or promotion in said Department shall hereafter be made until the officer or person so appointed or promoted shall have passed a satisfactory examination before a board of ordnance officers senior to himself."

It will be seen at a glance that no attention whatever has been paid to the memorial of the American Medical Association, and that two of the higher grades of the service have actually been cut down, there being only two lieutenant-colonels where there were formerly five, and fifty majors where there were sixty. The reduction in the first of these grades, it should be stated, however, is not quite so great as it appears, as one of the number has been promoted to a colonelcy. The only advance made by the bill, so far as we can see, is in throwing open the position of assistant-surgeon; and it is a question whether this is a real advance, since the opening of the doors is accompanied by the withdrawal of those inducements which affect most powerfully the best material.

As "example is better than precept," and as a personal illustration often brings the matter home to a reader, perhaps our friends Drs. Billings and Otis will not think we are using their names like a foot-ball if we state that the present bill delays their promotion about seven years,—i.e. they will have to serve about twenty years to become majors, and never can rise any higher.

Railing at the bill will, unfortunately, never change it, and the only true work of the present is to devise means to influence the next Congress. The past has shown that resolutions of Medical Societies are about as powerless in influencing legislation as a feather would be in sinking an iceberg. There is

one way in which, however, the profession could, if it would act unitedly, turn the next Congress topsy-turvy. Every member of that august body has his family physician, and is also well known by other doctors; now, if these medical men would as individuals make their best endeavors to obtain personal pledges from the Congressmen, the desired object would be achieved. The close, private, hand-to-hand grapple with a man offers the best and surest method of permanently altering his opinion. We shall never forget a scene in one of our legislative halls. A certain measure affecting the profession was, if possible, to be pushed through, and among our party was a veteran non-medical politician and lobbyist. The committee was to have a hearing before the assembled house in the evening, but our lobbyist insisted upon getting hold of the individual members previously, saying, "D—n this shooting into flocks! pick out your birds singly, and fetch them down one after another." The more we have seen of legislative bodies, the more we have been convinced of the wisdom of this advice.

Of course, since the law directs it, the vacancies among the assistant-surgeons will be filled. We understand that there are fifty-six of them, and that an examining board will convene at New York about the 1st of August, and also that another board will meet at San Francisco either simultaneously or at a somewhat later date.

**H**OSPITAL SUNDAY has recently been tried in Boston, and a little over thirteen thousand dollars was subscribed during the day. In London, the result of this year's anniversary is stated to have been a little larger than the amount subscribed at the corresponding date last year. To July 1, £26,600 had been reported. We should very much like to see the plan tried here, but unless the support of the whole profession can be obtained it seems to us useless to expect any good. Very possibly the sectarian nature of many of our institutions would be a barrier.

**D**R. E. S. GAILLARD has started a new journal, entitled *The American Medical Weekly*. The *Northwestern Medical Journal* has been discontinued.

**T**HE Council of the British Medical Association has decided in favor of a grant of two hundred pounds to be spent in original researches.

## CORRESPONDENCE.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

**I** SEE by your issue of July 11 that my friend Dr. Bernardy claims priority in the use of *chloral* in *puerperal convulsions*. I must dispute his claim. In October, 1871, I employed this remedy successfully for the relief of convulsions induced by excessive drinking. At the time I mentioned the fact to Dr. William F. Patterson, and suggested it as the remedy for puerperal convulsions.

On the 26th of October, 1871, Dr. Patterson summoned me to meet him in the case of Mrs. T., on Federal Street. He had, in pursuance of the suggestion as above, been employing the chloral, but in small doses, and I believe the article was of an inferior quality.

We agreed to procure a reliable supply from a good source, and increase the dose, giving it at intervals of one hour. So soon as she came under the influence of the chloral, the attacks ceased, and she rapidly convalesced.

Since that time, in a number of cases, both in consultation and in my own practice, I have continued to employ the chloral, and with the most complete success.

I publicly expressed my earnest belief in the virtues of this drug in cases of puerperal eclampsia on the occasion of my address on Obstetrics before the Medical Society of the State of Pennsylvania, at Easton, May, 1874.

Very respectfully,

W. B. ATKINSON, M.D.

PHILADELPHIA, July 13, 1874.

## PROCEEDINGS OF SOCIETIES.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

**A** CONVERSATIONAL meeting was held Wednesday, April 22, 1874, at 8 o'clock P.M.

The PRESIDENT, DR. W. L. ATLEE, in the chair.

Dr. A. G. B. HINKLE read the account of a case of *hydrophobia*.

On the 4th of March, 1874, S. D., a car-spring maker, called at my office, stating that on the day previous, whilst working very hard and perspiring excessively, he had drunk largely of water. In the evening he felt greatly fatigued, and passed a restless, wakeful night. In the night he attempted to drink water, but found great difficulty in swallowing. On examination of his fauces I discovered slight local congestion of the parts, and, thinking the trouble might arise from it, I ordered him a saline purge; also twenty-grain doses of bromide of potassium every four hours. His pulse was then not more than 70 per minute; tongue slightly furred and whitish.

On the 5th I was summoned to see him. He had passed another sleepless night, and had attempted to drink water, but found it impossible to get it to his mouth, in consequence of the spasm that it excited; when he attempted to bathe his face he could not touch the water, from the same cause. Pulse about 80, and soft; tongue covered with a slightly brown-



ish fur; skin cool and somewhat livid, but dry; expression anxious; complained of pain in right arm from neck down to the finger-nails, and particularly of the right thumb. The temperature of right arm was higher than that of the left. He also had pain from back of neck extending to the p<sup>o</sup>mum Adami, and a peculiar painful sensation in the region of the diaphragm and the scrobiculus cordis. The cathartic taken the previous day had not acted; the urine was scanty; there was frequent sighing; there was a sense of pressure upon the throat; the eyes were wild and sparkling at times; a retraction of the angles of the mouth simulated the sardonic grin; the face was at times suffused, then again somewhat livid. A current of cool air would produce spasmodic contraction of the muscles of face, pharynx, and respiratory organs generally.

I requested him to let me see him take a drink, and on pouring the fluid into the glass I observed that the noise it caused excited considerable spasm. The attempt to swallow was painful to witness, it causing him to rush to the door gasping for breath. He had taken but little nourishment during the past twenty-four hours, as that effort caused the same spasmodic symptoms as drinking.

I then cautiously inquired if he had ever been bitten by any animal, and learned that on the 30th of September, 1873, in attempting to catch a little dog that ran into the shop where he was working he had been bitten by it twice in the thumb of the right hand quite severely, but he had given no particular attention to the subject, the wound healing kindly in due time. What became of the dog we have not learned, as it escaped from its captors.

I then ordered a large enema of soapsuds and turpentine, which was given with some difficulty on account of the contraction of the sphincter ani muscles; a very slight fecal discharge followed. I then gave him one-third of a grain of sulphate of morphia hypodermically, to be followed in two hours by a suppository of two grains of the aqueous extract of opium. This had the effect of relieving him of the severe pain in the neck and arm to a great extent. I also painted the upper part of the spinal column with blistering collodion, which did not act.

Dr. William Welch saw him with me in the afternoon; the pulse was then about 86; he was suffering less pain, but his other symptoms were about the same. He had slept a little at short intervals.

In the evening Dr. Millick saw him with me; the pulse was about 90, and there was no further abatement of the symptoms. We gave another third of a grain of morphia hypodermically, and an enema of three ounces of lac assafoetida, with half an ounce of tinct. digitalis.

On the morning of the 6th I found him no better, he having slept none at all; the pupils were somewhat dilated; the pulse 100. At the suggestion of Dr. Stetler we tried the effect of the inhalation of a mixture of four parts of ether to one of chloroform, with the view of relaxing the spasmodic condition. Of this he had scarcely taken half a dozen inhalations when he sprang from his resting-place and became very violent, rushing out of the door and down into the cellar, and requiring considerable effort to force him back to his former position. This stage of excitement continued during several hours, but gradually subsided by evening. During this stage he foamed greatly at the mouth, and at times grew very livid in the face and about the extremities; his pulse rose to 120.

In the evening Drs. R. S. Kenderdine, G. M. D. Peltz, Lewis Adler, and Rudrow, saw him with me. The pulse was feeble, but increased to 135; the skin cool and moist. He was more rational, and the spasms had almost subsided. I gave half a grain of morphia hypo-

dermically, and painted the spine again with blistering collodion. On the morning of the 7th he had slept none; the pulse was 140, the skin cool and shrunken, the expression sardonic, the face livid, the capillary circulation very feeble. We gave him one drop of croton oil, to be followed by two grains of calomel every two hours; and, as the former blistering had no effect, I again painted his spine with a fresh sample that I knew to be reliable, but with no effect whatever.

In the afternoon his pulse was 140 in the recumbent posture, and in the upright position so feeble that we could not count it; the purgatives had not acted; abdomen tumid; had three more spasms during the day, and finally almost complete hemiplegia of right side.

At 9½ in the evening the pulse was fluctuating very much, so that it could not be counted. There was a general relaxation of the whole system. He was quite rational at times, and swallowed beef-tea quite freely, and even asked for a chew of tobacco. I gave him a large enema without effect, and afterwards gave forty drops of Squill's liq. opii compos., which caused a brief slight drowsiness; about 11 P.M. a feeble return of spasm for a short time occurred, and he then gradually sank until his death, at 2 o'clock in the morning.

From the commencement of the attack to its final close about four days elapsed. No post-mortem could be obtained.

We believed the case to be hydrophobia, and directed our efforts for temporary relief to the best of our abilities, and were gratified that we were instrumental in relieving him to a great extent of the pain, and partially also of the spasmodic condition. The primary wound did not show any indications of opening.

Dr. A. FRICKE said he had presented to the Society, some years ago, a paper on hydrophobia published in the Transactions of the State Medical Society, in which several cases were related. The incubation in one of the cases was two years; the ordinary time was six weeks. How could the poison slumber such a length of time and then wake up? The other case was sent to the hospital. Wunderlich relates the case of a woman bitten in her clothing. Mending her dress the next day, through an abrasion she took the poison. He mentions a case in which there was an incubation of twenty-seven years.

Dr. O'HARA remarked that syphilis remains long in the system. He did not see how this case could be distinguished from brain-disease. He did not think the fear of water a symptom, as it belonged to other disorders. Dr. O'H. asked whether vesicles appeared under the tongue. Trousseau had pointed them out as prodromes. In cases of brain-disease, as localized meningitis, etc., there were symptoms analogous to those described as occurring during hydrophobia. An enema would throw them into spasms.

Dr. STETLER saw this case about thirty-six hours after its onset. There appeared to be a great deal of hyperæsthesia when cold water or currents of cold air came in contact with the skin. Properly or etymologically speaking, he could not pronounce it a case of hydrophobia at that period, for on taking up a tumbler of water immediately in front of the patient, and presenting it to his (Dr. S.'s) lips, the patient remained unmoved. We also resorted to the expedient of placing his hands in a basin of warm water, and, although he moved them about in the water freely, there was no emotion of an unpleasant character. Was it then hydrophobia?

Dr. S. saw a reported case of hydrophobia four years since, but which was an undoubted case of tetanus, according to the testimony of the three physicians in attendance. The man had thrust his hand down the throat of a heifer that subsequently died, but not of hydrophobia. The impression got out early that it was

hydrophobia of which the man died, and it was impossible to remove it. The case occurred in very warm weather. The patient, after returning from church in a state of perspiration, very imprudently lay down on the lawn, was soon seized with symptoms of opisthotonos, and died on the fifth day.

Dr. BLACKWOOD reported the case of a woman who was bitten six years ago, in Huntsville, Alabama, under his charge. A rabid dog entered the camp, and, before being killed, bit the wife of the drum-major, and two dogs. The first bitten was one of the dogs, next the woman, and finally the other dog. The wounds in the woman's hand were thoroughly cauterized with nitric acid, and she has not been troubled yet with hydrophobia. Both dogs died in ten days, with rabies.

Dr. KEYSER mentioned a case that he had seen some eight or nine years ago, of a boy bitten, in which the wound was immediately burnt out with a lighted cigar by some one present, and, about an hour after, the wound was well cauterized with nitric acid. Never heard of his having hydrophobia afterwards.

Dr. ESHLEMAN cited the case of a relative bitten by a pet dog. The wound was excised and cauterized shortly after the injury. During sixteen years that he survived, no symptoms of the disease arose. The dog was pronounced rabid by a physician, and killed.

Dr. WELCH remarked that, through the courtesy of Dr. Hinkle, he had seen and examined the case related to-night, and, although he had never before seen a case of hydrophobia, believed such to have been the nature of the disease in this instance, since *dread of water* was the most prominent feature; that is to say, that every attempt to drink or handle fluids brought about a peculiar train of symptoms, most prominent among which were spasmodic action of the diaphragm, giving rise to hurried and jerking inspirations, and severe constriction about the throat, rendering deglutition extremely difficult. Two visits were made to the patient, one on the second and the other on the fourth day of the disease. At the first visit the patient was still conscious; the pulse was rapid and feeble; the complexion was sallow; there was occasionally slight twitching of some of the muscles of the face; there was general weakness; slight pain and numbness were complained of in the right arm (the thumb on this side had been bitten); and the gait of the patient was unsteady or staggering. But it was not until water was poured from a pitcher into a tumbler that the distinguishing features of the disease became manifest. This act immediately excited the peculiar train of spasmodic symptoms already referred to, all of which were aggravated by an attempt to swallow. When asked to take a drink, he reached for the tumbler with a tremulous hand; his respiration became at once exceedingly spasmodic, his face grew turgid and livid, and his eyeballs appeared prominent. After seizing the tumbler it seemed to require considerable effort to bring it to his lips, and when he had succeeded he made a determined effort to drink, but was able to swallow only very little of its contents. Under the excitement brought about by this futile attempt to swallow, he quickly set the tumbler down, and ran, in a staggering gait, to the door leading to the street, and, after standing there a few seconds, returned, stating that this act seemed necessary in order to get his breath. He soon became comparatively calm, when a basin of water was brought, and he was asked to immerse his hands; this also gave rise to a disturbance of the respiratory act, but to a less marked degree than the attempt to drink. The effect somewhat resembled that produced by stepping into a cold bath. The "hydrophobic slaver," spoken of by authors, was not observed. There was, however, a tenacious quality about the saliva, as was seen by the lips sticking together when parted.

At the second visit the patient had grown much weaker; he was unable to walk; the skin was congested, and of a livid hue; the pulse was very feeble, and so rapid that it was impossible to count it; there was delirium; partial paralysis of motion was observed on the right side, and sardonic smiles played over the countenance. Death ensued in about ten hours from this visit.

Dr. PAGE called the attention of Dr. Smith to a case which occurred in the Pennsylvania Hospital some years since, and said he knew one case in which the patient was smothered to death by his attendants.

Dr. H. H. SMITH, in reply to Dr. Page, stated that his recollection of the case referred to in the Pennsylvania Hospital, some twenty-five years ago, was that it was hydrophobia; being attended by violent spasms if a current of air blew on the patient, or water was poured out in his hearing, or an attempt made at drinking. There was also a collection of viscid saliva about the mouth and fauces, with constant efforts to hawk and spit. These symptoms followed the bite of a dog some time before. There was, however, a diversity of opinion in the diagnosis, some of the surgeons regarding it as a case of tetanus.

In reference to the bite of cats, Dr. Smith remarked that in one instance, in a mill in Delaware County, a cat, supposed to be mad, had bitten several persons. He saw three of these and cauterized the wounds, but never heard of hydrophobia attacking any of those bitten.

## MEDICAL SOCIETY OF THE COUNTY OF ALBANY, NEW YORK.

SEMI-MONTHLY MEETING, MAY 13, 1874.

Dr. WM. H. CRAIG, President *pro tem.*, in the chair.

Dr. L. T. MORRILL reported the following interesting case of *pelvic cellulitis resulting in pelvic abscess*. Mrs. G., æt. 39, had had ten children and four miscarriages. About eighteen months before her death she was delivered at full term of a strong and healthy male child. For one month afterwards she suffered with severe pain over the pelvic region. Dr. Morrill at this time was consulted, and found her complaining with severe pain over the abdomen, which was tympanitic. Pulse 110. It was considered a case of peritonitis. Two weeks later her pulse had diminished to 90 per minute, and her abdomen was not so much distended. She had now a profuse diarrhoea. At the end of the next week the peritonitis had almost entirely subsided, excepting over the region of the left ovary, where the pain was intense, and the only relief she could obtain was from the use of hypodermic injections of morphia. Being naturally robust, her strength held out, and in the course of three or four months she was able to go about, and commence the use of the sewing-machine.

She now seemed to improve rapidly; when one night her husband came home intoxicated, and commenced abusing her, pulling her out of bed and kicking her several times over the abdomen. The next morning she had much pain in the abdomen, which was bruised and swollen. Fomentations of warm water and anodynes were prescribed to procure relief. She survived eight months.

Four months before death, on examination of the abdomen, a fluctuating tumor, the size of a goose-egg, could be plainly felt, which gave intense pain when touched. On examining her per vagina, the tumor could be felt projecting to the left of the cervix uteri, or occupying the space where the normal cervix should be found. During the examination the abscess broke, and pus continued to discharge through the vagina.

about one-half a pint in quantity. This seemed to diminish the pain. The odor from the discharge was extremely fetid, to correct which she used a vaginal wash containing carbolic acid. By the use of tonics and a supporting treatment, she seemed to improve for two weeks, when suddenly the pain, heat, and swelling returned, and for twenty days the abscess filled and enlarged until it discharged the second time. With an intermission of three weeks each time, it gathered and broke five times. During the last month she was much debilitated, and seemed to die from exhaustion.

*Post-mortem*, twelve hours after death. Rigor mortis marked. Body much emaciated.

*Thorax*.—Right lung in a healthy condition, with a few slight adhesions to the costal pleura, probably of long duration. Left lung was firmly adherent, and in the upper portion was a cavity which contained two ounces of pus. Heart small, walls firm, valves normal. Peritoneum and its layers presented some traces of inflammation. In the left inguinal region the folds of the peritoneum were strongly adherent to the parietes of the pelvis and intestines. Just behind the left broad ligament, and under the pelvic folds of the peritoneum, surrounding the left ovary, were found the walls of an abscess, a part of its contents having made its way downward back of the uterus into Douglas's *cul-de-sac*, and escaping into the vagina. The sac probably contained about twelve ounces. There were two distinct openings into the posterior walls of the vagina. The fimbriated extremity of the Fallopian tube of the left side was firmly included in the peritoneal adhesions. The right broad ligament, appendages, and attachments presented a normal appearance. The uterus was normal in size. On laying it open, well-marked traces of endometritis were found.

The liver was in a state of fatty degeneration. Spleen firm, and capsule covered with a thick, white fibrous deposit. Kidneys and other organs were healthy.

Dr. JAMES S. BAILEY mentioned the following case of *abscess in broad ligament, rupturing, causing peritonitis and death*, which had recently come under his observation. A stout German, primipara, who had been delivered by a midwife of a healthy male child twelve days before he was called. He could not learn that during delivery there was anything peculiar, excepting that labor was protracted, and that she had complained of a burning, smarting pain in the right iliac region during her confinement.

When Dr. Bailey saw her she was in a moribund condition, and died within twenty-four hours.

It then came to his knowledge that the father of the child, the man with whom she was living, was not married to her, and, although she had respectable friends and relatives living in the city, they were not acquainted with the circumstance; through this man he met with strong and determined opposition against making an autopsy, and it was not until he threatened to call a coroner that consent was obtained. On section, a high state of peritonitis was found; the intestines had become agglutinated and bound down by a thick coating of plastic lymph, with more or less free pus floating in the abdominal cavity.

In searching for the cause, it was found that an abscess had been ruptured, located within the folds of the right broad ligament of the uterus, which caused peritonitis and death.

Dr. B. remarked that he had noticed in Dr. Morrill's report that the abscess was located on the left side. He had also noticed among fourteen cases collected by Dr. T. Gaillard Thomas from different authorities, that when the broad ligament was the seat of purulent collections the left side was invariably attacked. In his case it was on the opposite side.

Dr. JAMES S. BAILEY also exhibited a *biliary cal-*

*culus*, egg-shaped, weighing five drachms lacking six grains (or two hundred and ninety-four grains), which he had recently taken, at an autopsy, from an old lady 76 years of age. Its presence had not been suspected by the attending physician, although in her lifetime it had occasioned considerable inconvenience. It entirely filled and distended the gall-bladder, leaving an impress of the crystals contained on one end of the stone. Its presence had at some time excited considerable inflammation, as the adjacent edge of the liver was drawn down and united by adhesive inflammation, and the gall-bladder was also strongly united to the duodenum. The ductus choledochus communis was elongated and dilated.

Dr. ALBERT VANDERVEER said that he wished to call the attention of members of the Society to a class of *strictures of the male urethra* which have been too much overlooked. We can say the same here as in many other branches of surgery, that our methods of examination, instruments recently invented, etc., have enabled us to arrive at a more correct diagnosis than we were formerly in the habit of reaching.

Most of us have been taught that to have a case of stricture of the urethra we must have such diminution or contraction in the calibre of the canal that the attention of the patient himself is first attracted to his condition.

He is first to notice that his stream of urine is growing smaller, that it requires a longer time for him to empty his bladder, that after a short time he finds he is compelled to make quite an effort, that the force exerted is so great as to give him much anxiety. He comes to realize the fact, without consulting a physician, that he has a stricture, and a careful examination only goes to confirm his opinion.

Now, in contrast to some of the marked symptoms just noticed, we have a patient coming to us stating that some time within one, two, three, or five years, or longer, he has had an attack of gonorrhœa. He may be of the opinion that at the time he believed himself cured, or he may state that the doctor who attended him did not treat his case properly, and that ever since he has had an annoying gleet.

He is positive that he is passing a full stream of urine, will perhaps state that he does not have to get up at night to urinate, and will, when it is suggested, scout at the idea of his having a stricture.

He is now a young man of correct habits, and desirous of entering the marital relation, or he may have passed on to middle life, and now, after some excess or great anxiety, notices a condition that makes him anxious to know whether there is not some danger of his old disease returning.

Whatever is his condition in life, his case demands a most careful consideration. All are familiar with a class of cases that suffer from what is called gleet, and can readily call to mind instances where by some happy combination of remedies, as an injection or otherwise, the discharge has been relieved.

Other cases again, apparently of like character, have taxed our skill to relieve, and, while anxious to continue our exertions, we notice that our patient discontinues his visits to us and has consulted another physician, perhaps in like manner to discard him after a short trial of his treatment. Thus too frequently does the patient travel year after year from one physician to another.

As an illustration, Dr. Vanderveer presented the history of the following case. F. C., merchant, aged 26, temperate, had his first and only attack of gonorrhœa five years ago. The discharge was profuse and very irritating. He was under treatment a year, and then believed himself cured. Three months more elapsed, and, while enduring great fatigue, he noticed a slight discharge from the urethra on rising in the morning,



and a desire to empty the bladder occasionally during the night. He consulted many physicians, but only one had examined the urethra, and he only with a No. 10 elastic bougie. This passed into the bladder with comparative ease. It was believed that he had no stricture, and he used injections of lead, zinc, nitrate of silver, and various other astringents, also has taken medicine internally most of the time during the past four years. Dr. Vanderveer first saw this patient March 9, 1874. He appeared strong, and said he had nothing to worry about excepting this unpleasant gleet discharge, which is very scanty in quantity, but he is anxious to get married, and fears a return of his clap. Is sure that he is passing as large a stream of urine as ever, but admits that it requires more force and a somewhat longer time than usual to empty his bladder. An examination with a No. 8 bulbous-pointed bougie brought a drop or two of gleet discharge from near the meatus, but on being reintroduced it passed the entire length of the urethra, and was removed without detecting a stricture.

A No. 11 entered the meatus, but met with a decided obstruction one-third of an inch back. This was passed after some effort, and then on into the bladder. On removing it, no contraction could be detected excepting near the meatus as mentioned, and here a well-defined stricture, one of large calibre, can be diagnosed. The instrument was held by the stricture with sufficient firmness to hold the penis erect.

The patient was then convinced that he had a stricture, and was willing to submit to any treatment thought best to relieve him. The stricture and meatus were freely incised with Gouley's meatotome, and a No. 16 steel sound passed into the bladder; but little hemorrhage followed. He was taught and told to pass a large-sized black elastic olive-pointed bougie two and three times a week, and to report again. No internal treatment ordered.

He returned in three weeks, and said that the discharge had ceased, and that his mind was greatly relieved concerning his disease.

The largest-sized bulbous bougie failed to detect any remains of the stricture. He was ordered to continue the use of the elastic bougie occasionally.

If we had attempted to make out a diagnosis of this man's case according to the rules presented in many of the text-books of the present day, we should have failed. Sir Henry Thompson, with others, tells us that if a No. 8, 10, or 12 elastic bougie or steel sound can be passed the patient has no stricture. It is very evident that this cannot be the case, and also that we are not safe in our diagnosis when a gleet discharge is present unless we have made a thorough use of the so-called bulbous bougie. In searching after the location of a stricture that may be present, one point in our diagnosis of strictures of large calibre we are to remember: that every urethra is not of the same size.

An illustration will explain. A. S., treated for light stricture and discharged as recovered, May 1, 1873. A No. 16 steel sound had passed readily. He returned again in January, 1874, saying that, while he passed a good stream, and was not able to detect any gleet discharge, yet of late when he has urinated and about to return his penis he has noticed an unexpected dropping of urine, which from its soiling his garments has become very annoying. On examination, a No. 16 steel sound passes into his bladder, causing a little pain at the meatus.

By examining this case somewhat more carefully we find there is some trouble in introducing the large-sized bulbous bougie; the meatus is incised, and then we detect in the spongy portion of his urethra four well-defined strictures of large calibre, one-half inch from each other, all sufficiently well marked to retain a drop or more of urine. In the treatment of this case we

first tried Otis's dilating urethrotome, but succeeded best with Gouley's dilating urethrotome, and after a short time had the satisfaction of seeing the patient entirely relieved of all his troublesome symptoms,—the urethra admitting the passage of No. 17 and 18 steel sounds, and the largest-sized bulbous bougie being unable to detect any contraction of the canal.

In examinations of cases of gleet we should always bear in mind that the stricture of large calibre may become the tight, impenetrable one that the former is, treated with far better results, easier, and with less loss of life than the latter.

Dr. Vanderveer believed that all cases of gleet resolved themselves into two classes,—those complicated with stricture either of large or small calibre, and those where we have the urethra presenting points of ulceration after a severe attack of urethritis, and which, if neglected, ultimately lead to stricture.

In order not to detain the Society too long, Dr. Vanderveer only proposed to present a few cases to show the good resulting from gradual dilatation, a method always at hand and easy of application, especially if it be but a short time since the acute urethritis has occurred.

*Case III.*—September 1, 1872, G. J., small in stature, æt. 23, habits temperate, first attack of gonorrhœa two and a half years ago, and very severe, but recovering in three months; was treated with copaiba only. The second attack occurred eighteen months thereafter, but was not so severe. The treatment was the same as the first. A constant discharge has continued since. A No. 8 bulbous-pointed bougie detects a stricture one-half inch from meatus. Gradual dilatation with elastic bougie continued for three months, and finally used No. 15 steel sound. Internally used tinct. ferri with cantharides. Discharged August, 1873, entirely cured, with no relapse up to the present time.

*Case IV.*—April 10, 1873, W. J., æt. 22, temperate habits, has had two attacks of gonorrhœa, the last a year ago, since which time there has been a constant gleet discharge. Twice after severe exposure he has been obliged to resort to the use of the catheter to draw off his urine, which was introduced at such times with little trouble. Examination with a bulbous bougie reveals a slight stricture just back of the fossa navicularis; the remaining portion of the urethra appears healthy. Nos. 13 and 15 steel sounds were passed twice a week for a month, when the discharge entirely ceased, and has not returned up to this date,—August 15, 1873. His general health being good, no internal treatment was applied.

There are cases existing with points of ulceration in the urethra which we sometimes may have the good luck to locate correctly and treat by means of injections, but which can be more certainly and correctly located by means of the endoscope,—an instrument which should come into general use. The following affords a good example: D. D., æt. 40, intemperate, exposed to the vicissitudes of atmosphere day and night; first attack of gonorrhœa eighteen years ago, which was treated with copaiba, injections, etc. He was four months in recovering. After this, after exposure to cold the stream of urine became smaller, followed for a few days by a gleet discharge. Second attack two years ago, which was very severe, and attended with great pain and scalding; treated with copaiba and injections; was three months in recovering. The stream of urine became smaller, but there was no retention; was obliged to empty his bladder during the night. Third attack, four months ago, was very painful; the swelling and scalding were very aggravated; occasionally passed blood with the urine. The attack yielded to the use of copaiba and injections, but he could subsequently only after frequent attempts pass a

small stream of urine. Examination showed the urethra to be in a state of ulceration for five inches, and to be uniformly contracted and roughened. The introduction of a No. 2 elastic olive-pointed bougie was attended with considerable pain, and caused the parts to bleed. *Tr. ferri* and cantharides were taken internally. The occasional use of bougies up to No. 8 leaves the patient in a very comfortable condition. Discharge is quite scant. Introduction of No. 8 bougie causes no pain. The introduction of a larger-sized bougie causes much pain. He will not permit further treatment with urethrotome or divulsor. Eight months after treatment was commenced remains comfortable; uses No. 8 bougie occasionally: refuses further treatment.

Dr. T. D. CROTHERS read an interesting paper on "Impure Milk a Source of Disease," which did not, however, contain much at once of general interest and actually novel, and which we therefore omit from want of space, excepting the following:

A gentleman in this city bought a young cow to have pure milk for his child. The process of milking was, from ignorance, attended with much excitement and brutality, and the child was seized with brain fever, and never entirely recovered,—the direct result of feeding this poisonous milk, made so by the excitement of milking. A case was also related by him where a brutal, drunken dairyman supplied four families with milk. Those who used the most milk suffered all the season from gastro-intestinal irritation and a low tone of physical and mental health, due, without doubt, to the changed and poisonous condition of the milk from excitement.

Dr. J. B. STONEHOUSE spoke of a case reported in the *Edinburgh Medical Journal* for January, 1868, by Dr. Taylor, where scarlet fever prevailed in a dairy district and was propagated through the milk to the consumers. It was ascertained that patients and nurses, after having passed through the stage of desquamation, milked the cows, and it was supposed that the scales from the arms or from their dresses were shaken off in the milk, and thereby contaminated it.

In London, in a certain district it was observed that the milk tasted of creasote; the milk was stopped, and the circumstance reported to the authorities. It was ascertained that certain drains had been stopped up, and were cleaned out and disinfected with creasote; the creasote was absorbed by the milk from the air. Reference was also made to the paper on this subject in the *London Practitioner* of last year, when typhoid fever was communicated by the milk-vessels being washed with water contaminated with sewerage-water and dried in the sun without wiping. He also was of the opinion that milk proved unwholesome by absorbing noxious gases.

Dr. HALE could not see any propriety in feeding children on the milk from a certain cow. He was of the opinion that the product of a dairy where the milk from many cows was mixed would be more healthful to children. In cases of alleged milk-poisoning he believed more depended upon the lack of cleanliness in the nursing-bottle than on the impurity of the milk.

## GLEANINGS FROM OUR EXCHANGES.

EXCISION OF THE ANTERIOR TARSUS AND BASE OF THE METATARSUS.—A NEW OPERATION (*The Edinburgh Medical Journal*, May, 1874).—Dr. P. H. Watson reports the case of a lad, æt. 19, who suffered from disease of the anterior portion of the tarsus. It was spontaneous in its origin, subacute in its progress, involving the articulations chiefly upon the inner side

of the foot between the cuneiform bones and metatarsal bones. The pain was such that he was unable to work or walk. Under rest, blistering, and constitutional treatment he improved until the plaster of Paris could be applied, but after the lapse of a few months the original symptoms returned with increased severity. No collective abscess had formed in the soft parts, but there seemed no reasonable doubt that suppuration had already commenced within the bones and joints involved. To amputate the foot seemed too severe a measure to be justifiable under the circumstances, and as it was obvious that all the disease was confined between the base of the metatarsus in front and the astragalus and os calcis behind, and that the excision of the scaphoid, cuboid, and cuneiform bones and bases of the metatarsal bones would secure the fulfilment of every requisite for sound recovery, the following operation was performed. After the application of the tourniquet to the lower part of the thigh, incisions between three and four inches in length were made in the outer and inner sides of the foot, that upon the outer side extending from the centre of the outer margin of the plantar surface of the os calcis as far as the middle of the metatarsal bone of the little toe, that upon the inner side from the neck of the astragalus to the middle of the re-established bone of the great toe. The soft parts were then carefully dissected off both surfaces and sides of the tarsus until the whole extent of osseous tissue to be removed was deprived of its soft coverings. A curved probe-pointed bistoury inserted between the soft parts and bones was then carried across the line of articulation between the astragalus and scaphoid and os calcis and cuboid bones, first upon the dorsal and then upon the plantar surface, so as to open up these joints. A key-hole saw was now introduced between the plantar soft parts and the shafts of the metatarsal bones, which were then cut through, one handle of a pair of bone-forceps being inserted between the metatarsus and the dorsal soft parts to protect the latter from injury by the teeth of the saw cutting from below upwards. After the operation the entire wound was plugged firmly with pledgets of lint closely crowded together. This dressing was retained for forty-eight hours, and subsequently the wound was filled from day to day with pads of lint, with a view of securing consolidation from all surfaces equally, and of preventing the bagging of matter.

The result in this and four other similar cases was entirely favorable,—the patient's walk having none of the stumping gait of an amputation.

OLLIER AND OTHERS ON RHINOPLASTY BY A NEW METHOD.—In the *Union Médicale* of April 25, 1874, is the account of a discussion at the Surgical Society of Paris on rhinoplasty, *à propos* of some cases by M. Ollier, in which he had attempted the restoration of the nose by a new proceeding. This proceeding was applied to cases in which the remains of the nose were, as M. Ollier expresses it, "sucked into the nasal fossæ." It consisted in dissecting a flap from the forehead, comprising both superficial parts and periosteum, and reversing it so as to present its cutaneous surface towards the nasal fossa, where it was expected afterwards to take on the characters of mucous membrane, while the bleeding surface was covered over by a flap dissected off the remains of the collapsed nose. The result was said by M. Ollier to be satisfactory, not only to himself, but to his patients, whom he regarded as still better judges of their own improvement; but some very lively discussion seems to have ensued on this point, some of the surgeons present being by no means pleased with M. Ollier's results, and not at all favorable to any operations of this kind. One of the debaters quoted the case of a patient who, from despair at the disgust produced by his mutila-

tion, had resolved to kill himself, but was weaned from his purpose by the results of the operation. This was met by another speaker, who said that he had another patient, who had thought also of killing himself, and was more than ever confirmed in his resolution when he saw the result of the operation on the other man. This need not be taken seriously; but it seemed agreed on all hands that the effects of such plastic operations are usually only temporary, and that in a year or two the newly-formed nose will most likely wither away. The operation by superimposed flaps seems to have been practised by other surgeons as well as by M. Ollier, and to be regarded as a very efficient proceeding.—*London Medical Record*.

**PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS** (*The Lancet*, June 6, 1874).—Drs. Clarke and Genners report the case of a boy who died, aged fourteen, from general muscular atrophy. The muscles of the calf had been from an early age, and until within two or three years of his death, considerably larger than natural. Difficulty in locomotion, due to muscular weakness, had been noticed from the time when he commenced to walk, at three years old, and had increased until he ceased to walk at eight, and to stand at ten. During the last three years of his life the calves lessened in size to below the normal, and the muscles of the thighs and arms became atrophied. At the time of his death, from pneumonia, he could not move the hip-, knee-, or shoulder-joints; he could move the ankle- and elbow-joints a little, and the fingers well. After death the muscles showed in various degrees the characteristic changes of Duchenne's disease. The gastrocnemii looked like lumps of fat, and under the microscope consisted of fat-cells, among which still ran some muscular fibres, accompanied by a good deal of connective tissue. Very few fibres except those greatly reduced in width, presented any granular or fatty degeneration. The brain and medulla oblongata and meninges of the cord were healthy; the spinal cord itself presented various changes throughout the cervical, dorsal, and lumbar regions. The most important was disintegration of the gray substance of the anterior, lower, and central portions of each lateral half. These changes were much greater than any previously found.

**LACTATION LATE IN LIFE** (*Atlanta Med. and Surg. Journal*, July, 1874).—Dr. T. S. Hopkins reports two cases of the return of the functions of the mammary glands after a cessation of seventeen and eighteen years. Both women suckled their grandchildren, one of them being over sixty years of age at the time.

**POPLITEAL ANEURISM CURED BY FORCIBLE FLEXION** (*The Lancet*, May 30, 1874).—Mr. Benfield reports the case of a man, æt. 38, of good general health, who was troubled with a small pulsating tumor in the left popliteal space. A distinct bruit was heard on applying the stethoscope, and firm pressure on the artery above the tumor arrested at once both the bruit and the pulsation. Treatment by flexion was resolved upon.

A flannel roller was applied to the leg, which was now flexed upon the thigh, and the latter upon the abdomen. The leg and thigh were firmly bandaged together so as to maintain forcible flexion, and heavy sand-bags were also employed to keep the patient from rolling out of position. This procedure occasioned very great pain, and a quarter of a grain of morphia was given subcutaneously for its relief. About six hours from commencement of flexion the patient could bear the pain no longer, and the bandage was removed and the leg gently straightened. No pulsation or bruit was now discernible. Patient complained of being chilly, and the foot of the affected limb was decidedly colder than its fellow. The limb was encased in cotton-wool,

a pad of lint placed in the popliteal space, and a flannel bandage applied. It was then placed straight on a pillow.

The aneurism was now practically cured, but for the sake of safety the pad and bandage, together with rest in bed, were maintained for ten days. The man was then allowed to get up and take exercise, which occasioned no pain or inconvenience. He was thus kept under observation for about three weeks, when he was discharged cured.

**MUSCULAR SPASMS AFTER EXCISION OF THE KNEE-JOINT** (*The Lancet*, May 30, 1874).—Mr. Gay reports a case in which excision of the knee-joint was performed as a consequence of long-standing strumous disease. The operation was followed by entire exemption from pain, with promise of immediate union and rapid recovery. Six days afterwards, however, spasmodic twitchings, which had previously been a distressing symptom, returned with greater severity than before the operation, and became so incessant, distressing, and uncontrollable, notwithstanding remedies of all kinds, that amputation was performed. This was followed by complete recovery. No cause for the spasms could be discovered. The nerves were all healthy, and there was no apparent impaction of the soft parts between the bones. Mr. Gay considers the case unique.

**MORPHIA IN PUERPERAL AND URÆMIC CONVULSIONS.**—Prof. Loomis recently published an article in the *N. Y. Medical Record* relating a number of cases of uræmic convulsions healed by hypodermic injection of morphia and the internal administration of infusion of digitalis, the results being favorable in the majority of cases. If opium is admissible in the treatment of uræmic convulsions due to organic disease of the kidneys, it is none the less so in the treatment of the convulsions of parturition, which are due to an active congestion of the same organs, caused by pressure of the gravid uterus. The nerve-centres are irritated by the same poison in both instances: therefore the same remedies should be applied.

Dr. G. O. Morrison-Fiset relates a case (*New York Medical Record*, July 1, 1874) of puerperal convulsions treated by hypodermic injections of Magendie's solution of morphia, with a successful result.

Dr. A. M. Dam reports (*The American Medical Journal*, July, 1874) five cases of uræmic convulsions following scarlatina, and one case occurring in a woman, æt. 30, in the seventh month of gestation. They were all treated with morphia administered internally, and all recovered.

**THE USE OF LARGE ENEMATA** (*The London Medical Record*, May 6, 1874).—The practical results of the recent discussion in the German medical papers on the use of large enemata seem to be as follows:

1. Enemata, if sufficiently copious, will reach the small intestine, the ileo-cæcal valve notwithstanding, provided there be sufficient propelling force, whether that be gained by a long column of fluid in the apparatus (as in the use of irrigators), or by the patient's position, with the pelvis elevated, favoring the descent of the fluid, or by repeated action of the injecting instrument.

2. Experiments have shown that it is neither necessary to use complex apparatus, nor to put the patient into awkward and perhaps dangerous positions; since from three to five feet of pipe, with a funnel at one end and a suitable nozzle at the other, is all the apparatus we need; and the patient simply lies upon the back, the only pressure required being that of the column of fluid.

The real pressure we have to overcome is that of the patient's muscles,—aided in some cases by tense gases



in the bowel; for if any one will insert a tube into the rectum before the injection has come away, he will see the fluid come out in jets or spirts when the patients strain, and less markedly so at every descent of the diaphragm.

3. The safety and efficiency, or the benign action, of large enemata of water, gruel, and the like, are very striking; but we are strongly inclined, however, to believe that a very small quantity of soap, or of some neutral salt, is even less irritating to the mucous membrane than pure water alone.

To sum up all, large injections do reach the whole length of the large intestine, and beyond it; they are safe and speedy remedies for fecal accumulations, for some forms of intestinal obstruction (notably intussusception) and internal herniæ; for the treatment of intestinal ulcers, of hemorrhage from the bowels, and diarrhœa; for worms, especially oxyurides, and their congeners; as a means of stimulating and increasing the secretion of bile, and of introducing into the small intestine nutritious matters in a state easily susceptible of absorption.

A VERY active preparation of ergot, which is particularly adapted for subcutaneous injection, is suggested by Dr. Wernich, of Berlin (*American Journal of Pharmacy*, July 1, 1874), who proposes to exhaust the ergot with ether, strong alcohol, and finally with water; the infusion is then dialyzed through parchment-paper, and the solution evaporated; this extract, after acidulation with sulphuric acid; was mostly soluble in alcohol, and when again carefully neutralized by soda, yielded to weak alcohol all its active properties. Subcutaneously injected, the author obtained good results promptly, and the inconveniences attending the hypodermic use were slight and disappeared rapidly.—*Apothekerzeitung*, 1874, No. 17.

CHLOROFORM IN STRYCHNINE-POISONING (*The New York Medical Record*, July 1, 1874).—A man took five grains of strychnine with suicidal intent. He was given twenty grains of sulphate of zinc, which produced vomiting. Convulsions had occurred repeatedly, however, and he was seized with one of tetanic form at the time of coming under observation. Every muscle was rigid, and tetanus was complete. Opisthotonos, irregularity of the pulse, varying from 120 to 140 in the minute, with all the accompanying symptoms, were noticeable.

He was immediately placed under the influence of chloroform. The convulsions ceased from the commencement of the anæsthesia, under which the patient was fully kept for three hours. The chloroform was then removed, but the patient did not awake until six hours afterwards,—a case of recovery.

CHLORAL IN CANCER (*New York Medical Record*).—At a recent meeting of the Société Thérapeutique, the efficacy of chloral in cancer was pointed out by Dr. C. Paul, who had used it in the shape of suppositories containing fifteen grains. Introduced into the vagina, they had produced sleep during the whole night, in cases where considerable doses of morphia had no anodyne effect, while the nature of the secretions, and especially their fetor, were favorably modified. Dr. Martineau mentioned a case of recurring cancer of the breast, which had almost reached the thoracic walls and the lung. Pledgets of lint, steeped in a solution of chloral, were introduced. Three days after, the surface had assumed a healthy hue and was granulating kindly, the fetor had vanished, and the hemorrhage stopped. Cancer of the uterus had likewise improved, so far as the pain and fetor were concerned, under similar treatment.

STRUCTURE OF NERVES.—As the result of an elaborate investigation into the structure of nerve-fibres, Dr. H. D. Schmidt comes to the following conclusions (*London Monthly Microscopical Journal*, May, 1874):

"In finally summing up the results of my researches regarding the structure of the double-bordered nerve-fibre, this will be found to consist of the following parts: 1, of the true nerve-fibre, the so-called *axis-cylinder*, consisting of a bundle of *granular fibrils*, enclosed within a distinct sheath of their own; 2, of a semi-liquid substance, the *medullary layer*, surrounding the axis-cylinder; 3, of the *fibrillous layer*, consisting of very fine, delicate, and smooth fibrils, and surrounding the medullary layer; and, 4, of the *tubular membrane*, or *external sheath*, a thin, structureless, and elastic membrane, enclosing all the other parts. Whether, now, the thirdly-named part really exists in the living nerve-fibre, or whether it is only produced by coagulation, it must be decided by other, more accurate histological researches than those hitherto made."

APHTHOUS STOMATITIS COMMUNICATED TO MAN THROUGH THE MILK OF A COW AFFECTED WITH THE SAME DISEASE (*New York Medical Journal*, July, 1874).—A man partook freely of milk at a period when an epidemic of aphthous stomatitis raged among the horned cattle of the country. The symptoms commenced in less than half an hour after the ingestion of the milk. They consisted of vertigo, tingling in the ears, feebleness, afterwards delirium and hallucinations. On the second day, vomiting and diarrhœa with abdominal pains set in, which promptly yielded to treatment by opium and subnitrate of bismuth. The fever, however, was not broken, and on the third day stomatitis appeared, with pyalism, and the development of aphthæ on the inner surface of the lips and cheeks, on the palate, and the inferior surface and borders of the tongue. At the same time, there appeared a phlyctenular eruption on the hands, feet, perineum, and scrotum. The nervous disturbances, delirium, and insomnia were combated by opium, given in doses of fifteen centigrammes per diem, and the stomatitis by gargles of chlorate of potassium. At the end of fifteen days the patient recovered.

OAT-MEAL FARINA AS A FOOD FOR INFANTS.—MM. Beaumetz and Hardy recommend very highly the use of oat-meal farina in the feeding of young children. According to these gentlemen, this farina resembles human milk most closely in its plastic and respiratory elements, and contains, in addition, iron and phosphate of lime. It has, besides, the property of preventing or arresting the diarrhœa which so frequently occurs in young children. Some infants of four to eleven months, who were fed upon this farina, were found to grow equally well with those who were nourished by the milk of a good nurse.

EXTRAORDINARY ACTION OF NITRITE OF AMYL (*New York Medical Journal*, July, 1874).—Dr. E. B. Janeway reports a case of cerebral anæmia with failure of the heart's action from pericarditis, where the patient was entirely unconscious, pupils dilated, conjunctiva insensible to touch, no pulse at wrist, breathing spasmodic. Inhalations of five drops of nitrite of amyl were commenced and cautiously increased. After the use of twenty drops the pupils contracted, the conjunctiva responded to the touch, and the pulse returned at the wrist. Consciousness returned, and he asked questions. The inhalations were suspended, and a half-ounce of brandy administered. In fifteen minutes another attack occurred, in which he died.

DETECTION OF ALCOHOL IN ORGANIC FLUIDS.—It is generally difficult to detect alcohol in organic fluids, on

account of the small quantity of liquid usually available, and the absence of a special reactive. M. Berthelot has discovered a very valuable reaction. When placed in presence of water, cold or tepid, benzoic chloride ( $C_6H_5ClO_2$ ) decomposes very slowly. But if alcohol is added, benzoic ether is immediately formed, and precipitates the chloride in excess. The presence of the ether becomes manifest when a few drops of the liquid are treated with a solution of caustic potash; the chloride alone is dissolved, and the ether remains untouched. This reaction is very marked with a liquid containing 1 per cent. of alcohol, and permits the chemist to dispense with distillation.—*Tribune Médicale*.

**LATENT PEPSIN** (*The Druggist's Circular and Chemical Gazette*, July, 1874).—George W. C. Phillips objects to the theory that all wines and elixirs of pepsin, necessarily composed of alcohol, contain no pepsin at all, which theory was based on the fact that certain wines of pepsin when digested with coagulated albumen, at a temperature approximating that of the human stomach, have no solvent effect upon it. He has tested this matter experimentally, and draws the following conclusions: That while a carefully made wine of pepsin, not containing over ten per cent. of alcohol, may and does contain pepsin, it exists in a latent state, and that when diluted with the juices of the stomach, at the normal temperature of that organ, it regains its activity and will perform its digestive functions.

### MISCELLANY.

THE following is part of a parody which appeared in *Punch* upon Mrs. Hemans's "Homes of England."

"The cottage homes of England,  
How beautiful they stand"  
(So once Felicia Hemans sang)  
Throughout the lovely land!

The cottage homes of England—  
Alas, how strong they smell!  
There's fever in the cesspool,  
And sewage in the well.

The cottage homes of England!  
Where each crammed sleeping-place  
Foul air distils whose poison kills  
Health, modesty, and grace.  
Who stables horse, or houseth kine,  
As these poor peasants lie,  
More thickly in the straw than swine  
Are herded in a sty?

### NOTES AND QUERIES.

GERMANTOWN, PA.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—You will please take my name off of your list of subscribers. I have been a subscriber for some time, but have determined to subscribe no longer to medical journals. I can get reports of all of the most recent scientific investigations in the daily papers, and other news too. You are not up to the *Times*. You should have enterprise enough to supply, on demand, any doctor and every doctor with a reporter when he has any scientific thing on hand.

In New York, the great scientific investigations in regard to rabies were done up in a first-class way by the reporters of the *Tribune*—better, no doubt, than any miserable medical journal could have done them, and with

greater profit to the world and science, and the scientist too. Medical journals are too slow for the great scientists of this day.

You had no reporter at the late scientific investigations which were made at one of our medical colleges. Those of your city subscribers who were unfortunate enough not to have been invited, and all of your country subscribers, are to this day in absolute and disgraceful ignorance of all of the phenomena of sword-swallowing, playing on a flute without any flute, holding your wind under water, and, possibly, ballet-dancing. Basely ignorant of the caution given at that meeting, some of your subscribers may attempt to open an umbrella after it had been swallowed by a patient, and thus interfere seriously with its safe and expeditious withdrawal and the patient's swallow. When these scientific investigations are introduced into the curriculum of the college, when medical students are instructed to cultivate all of these scientific things, I hold it to be your duty to report the fact to your country subscribers, in order that they may know where to send their office-students to obtain true scientific knowledge and that which is up to the day.

To your utter confusion and downright shame, I learn that there were present no less than seventeen reporters of the daily press (two from New York),—all present for the express purpose of reporting to the world the names of the great scientists who took part, and, if I mistake not, the results obtained.

Again, you had no reporters at the late scientific pedestrian feat. As a result of this neglect, I venture to predict that your subscribers will never see the scientific report which the scientific investigators will no doubt prepare from the notes taken in the ring, at the rate of five miles per hour, heel and toe on the ground; also notes taken at night, around a table, with the aid of *pasteboards*. Notes taken in this way must have value—a certain value—to the medical public, and to the investigators themselves.

If you do not do the reporting business better, you will certainly lose many subscribers.

Yours,  
SUBSCRIBER.

### OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM JULY 14 TO JULY 20, 1874, INCLUSIVE.

WAR DEPARTMENT,  
ADJUTANT-GENERAL'S OFFICE,  
WASHINGTON, July 10, 1874. }

Special Orders No. 149.

(Extract.)

12.—The following boards of medical officers are appointed for the examination of assistant-surgeons for promotion, and of applicants for admission into the Medical Staff, U.S.A.:

At New York City,

Surgeon JOSEPH B. BROWN,  
Surgeon JOHN MOORE,  
Surgeon J. H. BILL,  
Surgeon B. E. FRYER,  
Assistant-Surgeon A. H. HOFF.

At San Francisco, California,

Surgeon CHARLES MCCORMICK,  
Surgeon C. C. KERNEY,  
Surgeon GEORGE E. COOPER,  
Assistant-Surgeon D. L. HUNTINGTON,  
Assistant-Surgeon EDWIN BENTLEY

The Boards will assemble August 4, 1874.

The junior member of each Board will act as recorder.

By order of the Secretary of War.

THOMAS M. VINCENT,  
Assistant Adjutant-General.

SIMONS, JAMES, SURGEON.—Leave of absence extended two months, on Surgeon's Certificate of Disability. S. O. 155, A. G. O., July 17, 1874.

WEBSTER, WARREN, SURGEON.—Relieved from duty in Department of California, and to report in person to the Surgeon-General at Washington, D.C. S. O. 154, A. G. O., July 16, 1874.

BROOKE, JOHN, ASSISTANT-SURGEON.—When relieved by Assistant-Surgeon Fitzgerald, to report at these Headquarters for assignment. S. O. 86, Department of the Columbia, July 3, 1874.

FITZGERALD, J. V., ASSISTANT-SURGEON.—Assigned to duty at Sitka, Alaska Territory. S. O. 86, c. 2., Department of the Columbia.

WOODRUFF, E., ASSISTANT-SURGEON.—Granted leave of absence for thirty days, with permission to apply for ninety days' extension. S. O. 153, A. G. O., July 15, 1874.

HARVEY, P. F., ASSISTANT-SURGEON.—Assigned to temporary duty at Fort Preble, Maine, as Post-Surgeon. S. O. 140, Military Division of the Atlantic, July 18, 1874.